

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Remarks																				
Inspection Work Days																				
Facility Self-Monitoring Evaluation Rating										BI		QA		Reserved						
67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>AGG U.S.A. Forks of The River Quarry (Limestone)</b> <b>Knox County</b> <b>TN0004987</b>	Entry Time/Date <b>12:45 6-19-2013</b>	Permit Effective Date <b>8-4-2009</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Steve Cooke, Superintendent</b> <b>865-475-8943</b>	Exit Time/Date <b>2:15 6-19-2013</b>	Permit Expiration Date <b>8-3-2014</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mr. Travis Paris, Environmental Manager</b> <b>PO Box 2589</b> <b>Knoxville, TN 37901</b> <b>865-573-4501</b>	Other Facility Data (e.g., SIC NAICS, and other descriptive information) <b>Site active, no discharge at DMP001. All drainage from the affected area flows or is pumped back into old quarry pit that does not discharge.</b>	
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	<b>Records/Reports</b>	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

## Section D: Summary of Findings/Comments

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	DWR-SM	6-19-2013
Bruce Ragon	DWR-SM	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date